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01 FC:2501 02 FC:1504 03 FC:8001	C:1504 300.00 DP				6-28-05	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED IN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,788	10/007,788 11/06/2001 Michael J. Bon		ite	2856.04US01	1848	
APPLN. TYPE	AS INFLATION/EVACUT	ISSUE FE		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	YES	\$700		\$300	\$1000	07/12/2005
nonprovisional YES					7	01/12/2003
EXAMINER		ART UNIT		LASS-SUBCLASS	j	
WEBB, SARAH K		3731		606-194000		
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	RESIDENCE DATA TO B				V	
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	data will appear on a substitute for filing	the patent. If an assigng an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Possis Medical, Inc. Minneapolis, MN, US						
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the patent):	☐ Individual 🖾 C	Corporation or other private g	roup entity Government
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The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issurblication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) or to I from anyone other Office.	re-apply any previous than the applicant; a reg	sly paid issue fee to the applic gistered attorney or agent; or	eation identified above. the assignee or other party in
Authorized Signature	the Fac	ver		Date	6.28.05	
. Typed or printed name _	Hugh D. Laeg	er, Esq.		Registration	n No. 27,270	* *

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